

DECLARATION**INVENTORSHIP IDENTIFICATION**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

VOICE CALLER ID**TITLE OF INVENTION****SPECIFICATION IDENTIFICATION**

the specification of which:

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____, as ☐ Serial No. _____
☐ and was amended on _ (*if applicable*).
- (c) ☐ was described and claimed in PCT International Application No. _ filed on _____
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ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)
(Prior Foreign/Pct Application(S) Filed Within 12 Months
(6 Months For Design) Prior To This Application)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed.

Application Number	Country or PCT	Date Of Filing (Day, Month, Year)	Priority not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

DOCKET NO. 010411

PATENT

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months
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I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom.

DOCKET NO. 010411

PATENT

SIGNATURE(S)

Inventor(s)

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(GIVEN NAME)T.
(MIDDLE INITIAL OR NAME)Moton
FAMILY (OR LAST NAME)

Inventor's signature

Date

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(MIDDLE INITIAL OR NAME)Enzmann
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Inventor's signature

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(MIDDLE INITIAL OR NAME)Zellner
FAMILY (OR LAST NAME)

Inventor's signature

Date

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Residence

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Mailing Address

2350 Fenhurst Place, Dunwoody, GA 30338



Signature by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____.



Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.



Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____



Authorization of attorney(s) to accept and follow instructions from representative.



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SIGNATURE(S)

Inventor(s)

Robert T. Moton
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)


Inventor's signature _____

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Mailing Address: 12105 North Hickory Trace, Alpharetta, GA 30004

Mark J. Enzmann
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature  _____

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Samuel N. Zellner
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship USA

Residence Dunwoody, GA 30338

Mailing Address 2350 Fenhurst Place, Dunwoody, GA 30338

☐ Signature by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____.

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.

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SIGNATURE(S)

Inventor(s)

Robert T. Moton
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